

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10 / 529299**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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12						
13						
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47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56	1					
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
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95						
96						
97						
98						
99						
100						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	34	←		←		←
TOTAL CLAIMS	36					